PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 0 3 3 3 3 3 3 3 3 3										٠		
CLAIMS AS FILED - PART I SMALL ENTITY (Column 1) (Column 2). TYPE - OR									- OTHER	LTHAN ENTITY		
TOTAL CLAIMS							RA	TE	FEE		PATE	FEE
FOR ICO ON BEAFIL			FILED	NUMBER EXTRA			FE	150.00	OR	Basic Pee	100.00	
TOTAL CHARGEABLE CLAIMS			21 minus 201		رع .		XS	25=		OR	X\$50=	
INC	EPENDENT C	LAIMS	5	inus 3 =	•		XIC	X100=		OR	X200=	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT			+18	<u> </u>		ОЯ	+360=		
1	THE CHIEFETICE	of column 1 is	less than zero, enter "O" in column 2				<u>. </u>			OR	TOTAL	790,00
		CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAIMS MIGHEST PRESENT: ADDI- ADDI-										
AMENDMENT A	rejor			HOCH	est Ber Jusly	PRESENT'	RA	LE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	. 21	Minus	**	_ · _	. —	X\$ 2	5 t		ОЯ	X\$50=	. /
	Independent	. 4	Minus	••• -	· ·		X10	0=		OR	X200=	V
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							D=	,	OR	+360=	7
TOTAL								YOTAL	•			
	•	(Column 1)	ADDIL PEE L. ADDIL PEE								•	
AMENDMENT B		CLAIMS REMAINING APTER AMENOMENT		HIGH NUME PREVIO PAID	BER . HUSLY	PRESENT EXTRA	RAT	Æ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total :	• //_	Minus	-34	5	-	XS 2	5=	٠	OR	X\$50#	/
	Independent	NTATION OF MU	Minus	-//	<u> </u>	<u> - </u>	X10)a		ОЯ	X200=	
Ш	FIRST PRESE	NIATION OF MU	LIPLE DE	ENDENI	CEAIM		+180) =		OR	+360=	
					•	•	ADDIT.	YAL FEE		OR	YOTAL ADDIT, FEE	1 .
	•	(Column 1).	•	(Colum		(Column 3)	•	•	•		•	•
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	20	•	• :	X\$ 2!	jo		OR	X\$50=	
	Independent		Minus	***		•	· ×100			OR	X200-	•
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
• 14	the entry in contr	nn i le less than th	e entry in coh	no 2. write	707, in col	umo 3	+180	•		OR	+360=	
	* If the entry in column 1 is less than the entry in column 2, write "0", in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column.1.											

FORM PTO-FTS (FIRM, 1004)